

Facility:  
Surveyor:  
PreSurvey Date:

PreSurvey Training Outline  
Surgical Services  
Ambulatory Surgical Center

Directions Pre-Survey Preparation: Complete Assignments 1 through 3 independently. As part of Assignment 4, review what you have completed thus far with your preceptor. Assignment 5 prompts you to document your plan independently for surveying Surgical Services during the upcoming survey. Review your plan for this survey of Surgical Services with your preceptor in Assignment 6.

Assignment	Answer
§416.42 Condition for Coverage (CfC): Surgical Services	
Assignment 1:	Answer:
In a short paragraph, document your understanding of this requirement. Do not look at the State Operations Manual (SOM) or other reference material before answering the question. <i>Note: This is a benchmark of your current knowledge to review with your preceptor. This is not a recorded grade.</i>	
Assignment 2:	Answer:

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Assignment	Answer
<p>Read the CfC and related standards in the SOM. Remember to look for current (dated after the last revision of Appendix L) Survey and Certification memos. Refer to the instructions in the “Helpful Links for Surveyors” document for guidance on comparing revision dates of the Tags in the SOM to issue dates of S&amp;C memos.</p> <p>What is your understanding of this requirement now? Has your understanding changed since reading the SOM? If so, how?</p>	
Assignment 3:	Answer:
<p>Describe what you think compliance with the CfC “looks like” in the facility. In other words, describe what you would find in the facility that is in compliance.</p>	
Assignment 4:	Preceptor Review:

Facility:  
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Assignment	Answer
Review assignments 1-3 with your preceptor. Clarify any questions or misunderstandings before moving on to Assignment 5.	
Assignment 5:	Survey Plan:

Facility:  
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PreSurvey Date:

# PreSurvey Training Outline

## Surgical Services

### Ambulatory Surgical Center

Assignment	Answer
For the Surgical Services CfC and standards, consider what activities you will do in the field to determine compliance and document same. Reference the SOM as needed. These answers serve as your plan:	<u>Observations (What do you want to observe/locations?)</u>
§416.42 Condition for Coverage: Surgical Services	<u>Interviews (Who would you interview and why? Formulate at least three pertinent questions.)</u>
§416.42(a) Standard: Anesthetic Risk and Evaluation	
§416.42(b) Standard: Administration of Anesthesia	
§416.42(c) Standard: State Exemption	<u>Document Review (What documents do you want to see and why?)</u>

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Assignment	Answer
Assignment 6:	Preceptor Review:
Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have.	(Is the surveyor's plan adequate? What recommendations do you have?)
Final Pre-Survey Prep:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics: (Meeting place, time, etc.)	

Facility:  
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Survey Date:

Post-Survey Training Outline  
Surgical Services  
Ambulatory Surgical Center

Directions Post-Survey: Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor Notes with your preceptor and compare them to your original plan. Then complete the following assignments.

Assignment	Answer
§416.42 Condition for Coverage: Surgical Services	
Assignment 7:	Answer:
What did you learn about surveying Surgical Services while at the facility? What questions do you have for your preceptor? Was your plan effective? What did you see as a challenge?	
Assignment 8:	Answer:
Document how you would write the statement of deficiency, if applicable, according to state agency policy.	
Assignment 9:	Answer:
Review the actual Form CMS–2567 from this survey. Do you agree with the findings? Discuss any differences with your preceptor.	
Assignment 10:	Preceptor Review:

Facility:  
Surveyor:  
Survey Date:

Post-Survey Training Outline  
Surgical Services  
Ambulatory Surgical Center

Assignment	Answer
Review Assignments 7-10 with your preceptor. Clarify any questions or misunderstandings.	
Date of Survey:	
Location:	
Time:	

Facility:  
Surveyor:  
Survey Date:  
Current Date:

Self-Assessment and Feedback Tool  
Surgical Services  
Ambulatory Surgical Center

Directions Self-Assessment: Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek/provide additional feedback. Finally, identify any opportunities for further learning regarding the survey of Surgical Services within an Ambulatory Surgical Center (ASC) through a jointly developed action plan. Identify a time frame to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

CfC +/-or Standard Being Surveyed (If applicable): Surgical Services

New Surveyor:	Preceptor:
Brief Self-Evaluation of Performance	Brief Evaluation of New Surveyor Performance
Self-Identified Learning Needs	Preceptor-Evaluated Learning Needs



Facility:  
 Surveyor:  
 Survey Date:  
 Current Date:

Self-Assessment and Feedback Tool  
 Surgical Services  
 Ambulatory Surgical Center


Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
Date Started:	Date Review Complete:	Date Action Plan Complete: